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# Neural Tube Defect Surveillance and Folic Acid Intervention — Texas-Mexico Border, 1993–1998

Neural tube defects (NTDs) are common and serious malformations that originate early in pregnancy. In the United States, approximately 4000 pregnancies each year are affected by the two most common NTDs (spina bifida and anencephaly). In 1992, the Texas Department of Health (TDH), with support from a CDC cooperative agreement, implemented the Texas Neural Tube Defect Project (TNTDP), a program of NTD surveillance and risk-reduction activities in the 14 counties that border Mexico. The project was initiated in response to an anencephaly cluster identified during 1990–1991 in Brownsville (Cameron County), Texas (*1*). Whether the high anencephaly rate (19.7 per 10,000 live births) was unique to Cameron County or was characteristic of the entire border was unknown. This report summarizes NTD surveillance rates for the 14 Texas-Mexico border counties for 1993–1998 and presents preliminary results of TNTDP efforts to prevent the recurrence of NTDs by providing folic acid to high-risk women. Findings indicate that the baseline rate along the border is high (13.4 per 10,000 live births) and largely reflects the rate among Hispanics (13.8). Although a longer period is needed to obtain definitive results, folic acid appears to be effective for reducing the risk for NTD recurrence in Hispanics.

The TNTDP surveillance system involved prospective case finding (*International Classification of Diseases, Ninth Revision* [ICD-9], codes 740, 741, and 742.0, for all gestational ages) using the following data sources: hospitals; birthing centers; ultrasound centers; abortion centers; prenatal clinics; genetics clinics; and birth attendants including lay midwives, certified nurse midwives, and nonhospital physicians. Data on NTD cases were collected by three field teams (El Paso, Harlingen, and Laredo), abstracted onto standardized forms, and sent to TDH with confirmatory medical records. Denominator data (live birth, death, and fetal death records) were derived from the Bureau of Vital Statistics at TDH; 91% of the resident live births in the border counties were to Hispanic women of Mexican ancestry.

For 1993–1998, NTD surveillance rates include cases at all gestational ages for the 14 Texas-Mexico border counties (Table 1). The surveillance system identified 360 resident NTD-affected births/terminations (cases) not otherwise accompanied by a known trisomy, triploidy, or syndrome (e.g., Turner, Meckel, or amniotic band). Of these cases, 324 (90%) occurred in the four most populous border counties—Cameron, El Paso, Hidalgo, and Webb. The overall NTD rate in the border counties for 1993–1998

*Neural Tube Defects — Continued*

**TABLE 1. Neural tube defect (NTD) type* and rate,† by county of residence — Texas-Mexico border, 1993–1998**

| County | Anencephaly§ No. cases | Anencephaly§ Rate | Spina bifida No. cases | Spina bifida Rate | All NTDs Total¶ | All NTDs Rate | All NTDs (95% CI**) |
|---|---|---|---|---|---|---|---|
| Cameron | 31 | 6.7 | 38 | 8.2 | 73 | 15.8 | (12.4–19.8) |
| El Paso | 39 | 4.3 | 36 | 4.0 | 82 | 9.0 | ( 7.2–11.2) |
| Hidalgo | 48 | 6.2 | 60 | 7.7 | 118 | 15.1 | (12.5–18.1) |
| Webb | 28 | 9.3 | 19 | 6.3 | 51 | 16.9 | (12.6–22.2) |
| Other 10 | 17 | 7.1 | 17 | 7.1 | 36 | 14.9 | (10.5–20.7) |
| **Total** | **163** | **6.1** | **170** | **6.3** | **360** | **13.4** | **(12.0–14.8)** |

* NTD cases exclude the following accompanying conditions: trisomy (three), triploidy (three), Turner (one), Meckel (three), tethered cord (three), and amniotic band syndrome (four).
† Per 10,000 live-born infants.
§ Includes craniorachischisis (13) and inencephaly (one).
¶ Total includes encephaloceles (27).
** Confidence interval.

was 13.4 per 10,000 live births (6.1 for anencephaly, 6.3 for spina bifida, and 1.0 for encephalocele) (Table 1). The craniorachischisis (contiguous opening of brain and spinal column; included in anencephaly) rate in the border counties was 0.5.

Of the 360 women identified as having had an NTD-affected pregnancy, 340 (94.4%) were Hispanic. Of the 20 non-Hispanic women, 16 (4.4%) were white, three (0.8%) were black, and one (0.3%) was Asian/Pacific Islander. The rate among Hispanics was 13.8 per 10,000 live births and the rate among non-Hispanic whites was 8.8 ($p=0.08$). El Paso County (the northwesternmost county) had a significantly lower NTD rate (9.0) than the rest of the border counties combined (15.6; $p<0.001$). The rate among Hispanics also was significantly lower for El Paso County (8.8) than that for the rest of the border counties (16.1) ($p<0.001$).

Of the NTD-affected pregnancies, 68 (19%) were induced or spontaneously aborted at <20 weeks' gestation, 94 (26%) were delivered or induced at 20 through 33 weeks' gestation, and 198 (55%) were delivered at ≥34 weeks' gestation. Excluding fetuses that failed to reach 20 weeks' gestation would have lowered the overall rate to 10.8 per 10,000 live births ($p=0.01$).

The primary objective of TNTDP is preventing recurrence of NTDs by providing folic acid to women who have had an NTD-affected pregnancy. For the folic acid intervention program, all women identified through the surveillance protocol were contacted by telephone, letter, and/or in person. Women whose index pregnancy was delivered or terminated in 1993 or later and who resided in the study area were asked to enroll in the program. The enrolled women were interviewed and provided preconception, pregnancy, and NTD risk-reduction education and counseling. If the women used contraception, they were given a multivitamin with 0.4 mg folic acid; if the women did not use contraception, they were given daily doses consisting of 4.0 mg folic acid—one multivitamin containing 1.0 mg of folic acid and three 1.0 mg tablets of folic acid. Women were followed, counseled, and provided folic acid supplements at 1- to 3-month intervals.

As of December 31, 1998, 264 (73%) of the 360 women were eligible for enrollment in the folic acid intervention program; 96 (27%) women were not eligible for

*Neural Tube Defects — Continued*

enrollment (moved out of area or had tubal ligations/hysterectomies). Of the 264 eligible women, 95 (36%) refused enrollment, quit, or were lost to follow-up; 17 (6%) consented but were pending enrollment; and 152 (58%) were taking folic acid. Of 65 (34%) eligible women with induced abortions, 22 (34%) refused participation in the folic acid intervention compared with 19 (15%) of 128 (p=0.004) who had had natural outcomes (i.e., live-born infants, stillbirths, or spontaneous abortions).

Pregnancy outcomes following the index NTD-affected pregnancy were assessed by telephone, letter, and home visits for 1993–1998. Overall, 89% of the women who had a subsequent pregnancy had taken folic acid before conception; of these, 64% had taken the daily 4.0 mg dose; 28%, the 0.4 mg dose; and 8%, a physician-prescribed prenatal vitamin. A pregnancy outcome was documented for 148 pregnancies; 117 (79%) of the pregnancies resulted in non-NTD–affected live births, 24 (16%) in miscarriages or incomplete spontaneous abortions, six (4%) in elective abortions, and one (1%) in a confirmed recurrent NTD. Five women known to be pregnant were lost to follow-up. None of the six elective abortions was NTD-affected. Excluding the 24 miscarriages and five pregnancies lost to follow-up, one of the remaining 124 pregnancies resulted in a recurrent NTD.

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**Editorial Note:** The preliminary results of the folic acid intervention suggest that high-risk women can reduce their risk for subsequent NTD-affected pregnancies. Each woman identified through the TNTDP surveillance protocol was at risk for recurrence and could not have been enrolled in the folic acid intervention program without being identified through surveillance. One fifth of the high-risk women in the program would have been missed if only fetuses at >20 weeks' gestation were included in the surveillance. Why women with induced abortions are less likely to take folic acid than women with natural outcomes is unclear and warrants further study. The woman who had a recurrent NTD-affected baby refused to meet with field staff and never received NTD risk-reduction education, counseling, or folic acid. The one NTD recurrence was less than the three to five that would have been expected based on a 3% to 4% recurrence rate (p=0.18, 0.10 respectively).

The NTD surveillance data indicate that baseline rates along the border are high and largely reflect the rate among Hispanics. Some of the variability in the rates may be partially explained by the unique cultural and environmental factors along the border. For example, compared with the rest of the border, El Paso County residents have a higher standard of living and are less likely to be employed as migrant farm workers (*1*). In addition, the overall Texas-Mexico border rate for craniorachischisis was 0.5, a rate significantly higher (p=0.048) than the rate for this defect in the metropolitan Atlanta area (0.1) (*2*). This suggests that an unknown risk factor may exist, especially in Hidalgo County where six (46%) of these rare defects occurred. Findings from the 1993–1998 recurrence period showed that only 9% of El Paso County women who delivered normal live-born infants reported taking periconceptional folic acid (TNTDP, unpublished data, 1999). Although the 9% usage reported for El Paso County is low compared with national reported usage (25%) (*3*), usage for Cameron County is even lower (3%).

*Neural Tube Defects — Continued*

The findings in this report are subject to at least two limitations. First, nonresident women who migrated for birth into the United States and either returned to Mexico or to another county were not eligible for the intervention program; further, resident women who moved, were lost to followup, or had tubal ligations/hysterectomies decreased the potential intervention sample size by 40%. Second, some underestimate of cases occurred because of pregnancy outcomes that occurred outside the area.

Although a sufficient number of pregnancy outcomes have yet to occur among high-risk women to achieve statistical significance, folic acid appears to reduce the risk for NTD recurrence in Hispanic women. Unlike other U.S. surveillance systems (*4,5*), since its inception the TNTDP has included cases at <20 weeks' gestational age. These data underscore the importance of a timely and active NTD surveillance system that includes fetuses at <20 weeks' gestational age for population-based and individual NTD prevention. They also highlight the need for physicians to educate their high- and low-risk patients about the benefits of folic acid (*6,7*).

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## HIV/AIDS Among Racial/Ethnic Minority Men Who Have Sex with Men — United States, 1989–1998

In the United States, racial/ethnic minority populations account for an increasing proportion of acquired immunodeficiency syndrome (AIDS) cases, including cases among men who have sex with men (MSM) (*1*). This report presents recent trends in AIDS incidence and deaths among MSM who belong to racial/ethnic minority populations*, and compares data on human immunodeficiency virus (HIV) diagnoses with AIDS diagnoses during 1996–1998 among racial/ethnic minority MSM in the 25 states† that have conducted confidential HIV surveillance and AIDS case surveillance since 1994. The findings indicate that among MSM, non-Hispanic black and Hispanic men accounted for an increasing proportion of AIDS cases and had smaller proportionate declines in AIDS incidence and deaths from 1996 to 1998. Of HIV and AIDS diagnoses

*Non-Hispanic black, Hispanic, American Indian/Alaska Native, and Asian/Pacific Islander men aged ≥13 years who have sex with men.

†Alabama, Arizona, Arkansas, Colorado, Idaho, Indiana, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Nevada, New Jersey, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Utah, Virginia, West Virginia, Wisconsin, and Wyoming.

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among racial/ethnic minority MSM, the proportion who are young (aged 13–24 years) is higher than among white MSM.

Trends in AIDS incidence during 1989–1998 among MSM aged ≥13 years from the 50 states, the District of Columbia, and U.S. territories were analyzed by race/ethnicity, age, and geographic area of residence. During 1996–1998, AIDS incidence per 100,000 population was calculated using race/ethnicity-specific Bureau of the Census estimates of males aged ≥13 years for the corresponding years. The number of HIV infection and AIDS diagnoses and deaths among persons with AIDS was adjusted for reporting delays on the basis of cases reported to CDC through June 30, 1999, and for the anticipated reclassification of cases initially reported without HIV-infection risk-exposure data (*1*). Trends examined were from 1989 through 1998 and from 1996 through 1998, the period of highly active antiretroviral therapy (HAART). During 1996–1998, for the 25 states with confidential HIV surveillance, age and race/ethnicity of MSM whose disease status was HIV infection (not AIDS) when initially diagnosed were compared with MSM who had AIDS-defining conditions when first diagnosed.

**Characteristics of MSM with AIDS**

During 1996–1998, 64,685 MSM were diagnosed with AIDS (Table 1); 31,866 (49%) were racial/ethnic minority MSM. Among this group, 1492 (5%) were aged 13–24 years and 4498 (14%) were aged 25–29 years, compared with 2% and 9%, respectively, of white MSM in those age categories. Metropolitan statistical areas (MSAs) of ≥500,000 population accounted for 27,097 (85%) AIDS cases in racial/ethnic minority MSM. The AIDS incidence in MSM per 100,000 adult male population decreased 32% from 1996 to 1998 (Table 1); rates were highest for black MSM in all years.

The five MSAs that accounted for the largest number of racial/ethnic minority MSM with AIDS during 1996–1998 were New York, 3673 (12%); Los Angeles, 2811 (9%); Miami, 1554 (5%); Washington, DC, 1251 (4%); and Chicago, 1075 (3%). New York and Los Angeles had the largest number of AIDS cases among non-Hispanic black and Hispanic MSM, respectively. Los Angeles and Phoenix were the MSAs with the largest number of AIDS cases among Asian/Pacific Islander (A/PI) and American Indian/Alaska Native (AI/AN) MSM, respectively, compared with New York for white MSM (Table 2).

**Trends in AIDS Incidence and Deaths Among MSM with AIDS**

During 1989–1998, AIDS was diagnosed in 290,582 MSM. In 1989, racial/ethnic minority MSM accounted for 24,444 (31%) AIDS cases among MSM, and by 1998, racial/ethnic minority MSM accounted for 18,153 (52%) AIDS cases among MSM (Figure 1). The proportion of MSM with AIDS who were non-Hispanic black and Hispanic increased from 19% and 12%, respectively, in 1989, to 33% and 18%, respectively, in 1998. A/PI and AI/AN each accounted for <2% of AIDS cases among MSM throughout this period.

AIDS incidence among all MSM declined 22% from 1996 to 1997 (Table 1). The rate of decline slowed to 12% in 1998 compared with 1997. During 1996–1998, AIDS incidence declined among MSM in all racial/ethnic groups: A/PI (43%), non-Hispanic white (39%), AI/AN (35%), Hispanic (26%), and non-Hispanic black (23%). Overall, the proportionate declines in AIDS incidence from 1997 to 1998 were smaller than those from 1996 to 1997. From 1997 to 1998, AIDS incidence declined 29% among AI/AN, 17% among A/PI, 15% among non-Hispanic white, 10% among non-Hispanic black, and 9% among Hispanic MSM.

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**TABLE 1. Number and rate of AIDS cases and deaths from AIDS among men aged ≥13 years who have sex with men, and estimated number and percentage in whom AIDS was diagnosed, by race/ethnicity, age at diagnosis, geographic region, and size of metropolitan statistical area (MSA) — United States, 1996–1998**

| Characteristic | White, non-Hispanic | | Black, non-Hispanic | | Hispanic | | Asian/ Pacific Islander | | American Indian/ Alaska Native | | Total* |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **No. cases†** | | | | | | | | | | | |
| 1996 | 13,903 | | 7,534 | | 4,197 | | 311 | | 81 | | **26,068** |
| 1997 | 10,098 | | 6,491 | | 3,523 | | 225 | | 75 | | **20,464** |
| 1998 | 8,678 | | 5,958 | | 3,224 | | 192 | | 55 | | **18,153** |
| **AIDS rate§** | | | | | | | | | | | |
| 1996 | 17.9 | | 66.2 | | 39.3 | | 9.1 | | 11.3 | | **25.0** |
| 1997 | 12.9 | | 56.2 | | 31.8 | | 6.3 | | 10.4 | | **19.5** |
| 1998 | 11.0 | | 50.7 | | 29.0 | | 5.2 | | 7.4 | | **17.1** |
| **No. deaths¶** | | | | | | | | | | | |
| 1996 | 9,423 | | 4,495 | | 2,271 | | 181 | | 56 | | **16,436** |
| 1997 | 4,381 | | 2,718 | | 1,171 | | 91 | | 34 | | **8,401** |
| 1998 | 3,332 | | 2,135 | | 917 | | 57 | | 21 | | **6,467** |
| | No. | (%) | No. | (%) | No. | (%) | No. | (%) | No. | (%) | |
| **Age (yrs) at AIDS diagnosis** | | | | | | | | | | | |
| 13–24 | 526 | ( 2) | 933 | ( 5) | 521 | ( 5) | 31 | ( 4) | 7 | ( 4) | **2,019** |
| 25–29 | 2,994 | ( 9) | 2,710 | (13) | 1,674 | (15) | 86 | (12) | 28 | (13) | **7,510** |
| 30–39 | 15,323 | (47) | 9,417 | (47) | 5,180 | (47) | 314 | (43) | 113 | (53) | **30,411** |
| 40–49 | 9,460 | (29) | 4,769 | (24) | 2,446 | (23) | 215 | (30) | 46 | (22) | **16,975** |
| ≥50 | 4,376 | (13) | 2,154 | (11) | 1,123 | (10) | 82 | (11) | 17 | ( 8) | **7,770** |
| **Region** and MSA size††** | | | | | | | | | | | |
| Northeast | | | | | | | | | | | |
| ≥500,000 | 4,875 | (15) | 3,815 | (19) | 2,191 | (20) | 104 | (14) | 5 | ( 2) | **11,084** |
| <500,000 | 657 | ( 2) | 226 | ( 1) | 110 | ( 1) | 3 | (<1) | 0 | ( 0) | **1,006** |
| North Central | | | | | | | | | | | |
| ≥500,000 | 3,136 | ( 9) | 2,485 | (12) | 323 | ( 3) | 31 | ( 4) | 15 | ( 7) | **5,992** |
| <500,000 | 1,347 | ( 4) | 268 | ( 1) | 83 | (<1) | 2 | (<1) | 10 | ( 5) | **1,710** |

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| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| South | | | | | | | | | | | |
| ≥500,000 | 9,142 | (28) | 8,016 | (40) | 2,826 | (26) | 73 | (10) | 33 | (16) | **20,097** |
| <500,000 | 3,253 | (11) | 2,561 | (13) | 392 | ( 4) | 12 | ( 2) | 20 | ( 9) | **6,242** |
| West | | | | | | | | | | | |
| ≥500,000 | 8,844 | (27) | 2,269 | (11) | 3,807 | (35) | 453 | (62) | 83 | (39) | **15,471** |
| <500,000 | 1,282 | ( 4) | 146 | ( 1) | 311 | ( 3) | 42 | ( 6) | 45 | (21) | **1,830** |
| Territories | | | | | | | | | | | |
| ≥500,000 | 2 | (<1) | 0 | ( 0) | 568 | ( 5) | 0 | ( 0) | 0 | ( 0) | **570** |
| <500,000 | 6 | (<1) | 16 | (<1) | 291 | ( 2) | 4 | ( 1) | 0 | ( 0) | **317** |

* Estimates are adjusted for delays in reporting of AIDS cases and anticipated redistribution of cases initially reported with no identified risk; data reported to CDC through June 1999.

† Row totals include men for whom race/ethnicity was unknown or missing; column totals may include men for whom information was missing for some categories.

§ Per 100,000 males aged ≥13 years.

¶ Estimates are adjusted for delays in reporting of deaths and anticipated redistribution of cases initially reported with no identified risk; data reported to CDC through June 1999.

** *Northeast*=Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont; *North Central*=Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin; *South*=Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia; *West*=Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming.

†† Areas with <500,000 population include areas not in MSAs.

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**TABLE 2. Metropolitan statistical areas (MSAs)* with the highest number of AIDS cases† among men aged ≥13 years who have sex with men (MSM) — United States, 1996–1998**

| Race/Ethnicity (No. cases) | MSA | No. cases | % of racial/ethnic total |
|---|---|---|---|
| Black, non-Hispanic (19,983) | New York, N.Y. | 2,034 | 10.2 |
| | Washington, D.C. | 1,135 | 5.7 |
| | Atlanta, Ga. | 951 | 4.8 |
| | Los Angeles-Long Beach, Calif. | 947 | 4.7 |
| | Chicago, Ill. | 848 | 4.2 |
| | **Total** | **5,915** | **29.6§** |
| Hispanic (10,944) | Los Angeles-Long Beach, Calif. | 1,728 | 15.8 |
| | New York, N.Y. | 1,570 | 14.3 |
| | Miami, Fla. | 879 | 8.0 |
| | San Juan-Bayamon, Puerto Rico | 568 | 5.2 |
| | San Diego, Calif. | 365 | 3.3 |
| | **Total** | **5,110** | **46.6** |
| Asian/Pacific Islander (728) | Los Angeles-Long Beach, Calif. | 126 | 17.3 |
| | San Francisco, Calif. | 84 | 11.5 |
| | Honolulu, Hawaii | 71 | 9.8 |
| | New York, N.Y. | 67 | 9.2 |
| | San Diego, Calif. | 36 | 5.0 |
| | **Total** | **384** | **52.8** |
| American Indian/Alaska Native (211) | Phoenix-Mesa, Ariz. | 18 | 8.5 |
| | Seattle-Bellevue-Everett, Wash. | 11 | 5.2 |
| | Tulsa, Okla. | 10 | 4.7 |
| | Los Angeles-Long Beach, Calif. | 9 | 4.2 |
| | San Diego, Calif. | 7 | 3.3 |
| | **Total** | **55** | **25.9** |
| White, non-Hispanic (32,679) | New York, N.Y. | 2,138 | 6.5 |
| | Los Angeles-Long Beach, Calif. | 1,931 | 5.9 |
| | San Francisco, Calif. | 1,456 | 4.5 |
| | Houston, Texas | 1,003 | 3.1 |
| | Dallas, Texas | 902 | 2.8 |
| | **Total** | **7,430** | **22.8** |

*Includes only metropolitan areas with a population ≥500,000. Metropolitan areas are named for a central city or county, may include several cities and counties, and may cross state boundaries.

†Estimates are adjusted for delays in reporting of AIDS cases and anticipated redistribution of cases initially reported with no identified risk; data reported to CDC through June 1999.

§29.6% of 19,983 AIDS cases among non-Hispanic black MSM resided in these five MSAs.

Deaths among all MSM with AIDS declined 49% from 1996 to 1997 (Table 1). The rate of decline slowed to 23% in 1998 compared with 1997. From 1996 to 1998, AIDS deaths declined among all racial/ethnic MSM: A/PI (69%), non-Hispanic white (65%), AI/AN (63%), Hispanic (60%), and non-Hispanic black (53%). From 1997 to 1998, AIDS deaths declined 38% among AI/AN, 37% among A/PI, 24% among non-Hispanic white, 22% among Hispanic, and 21% among non-Hispanic black MSM.

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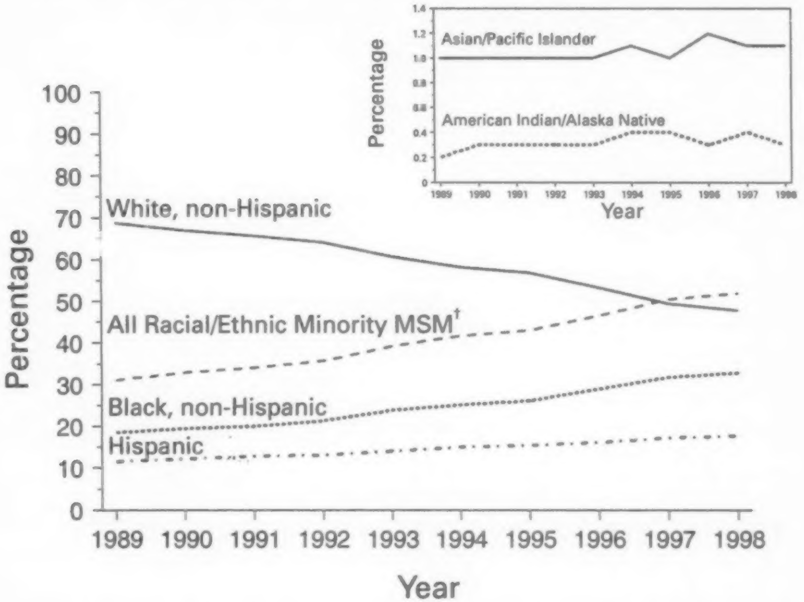
**FIGURE 1. Proportion of AIDS cases* among men aged ≥13 years who have sex with men (MSM), by race/ethnicity and year of diagnosis — United States, 1989–1998**




*Estimated number of AIDS diagnoses adjusted for delays in reporting of AIDS cases and anticipated redistribution of cases initially reported with no identified risk; data reported to CDC through June 1999.

†Defined as non-Hispanic black, Hispanic, American Indian/Alaska Native, and Asian/Pacific Islander MSM.

**HIV and AIDS Diagnoses Among MSM in 25 Areas with HIV/AIDS Surveillance**

During 1996–1998, HIV infection or AIDS was diagnosed in 23,680 MSM in 25 states with HIV reporting; 11,313 (48%) were racial/ethnic minority MSM: 9497 (40%) non-Hispanic black, 1551 (7%) Hispanic, 113 (<1%) A/PI, and 152 (<1%) AI/AN. Among MSM whose initial diagnosis was HIV infection, the proportion aged 13–24 years varied by race/ethnicity: 16% non-Hispanic black, 15% A/PI, 15% AI/AN, 13% Hispanic, and 9% non-Hispanic white. Among MSM whose initial diagnosis was AIDS, the proportion aged 13–24 years also varied by race/ethnicity: 6% Hispanic, 6% A/PI, 5% non-Hispanic black, 1% non-Hispanic white, and <1% AI/AN.

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**Editorial Note:** These HIV/AIDS surveillance data highlight the importance of increased efforts to promote HIV prevention and treatment services in racial/ethnic minority communities, particularly among non-Hispanic black and Hispanic MSM.

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These groups had higher AIDS rates and the smallest proportionate decreases in AIDS incidence. The annual number of AIDS cases remains high, although AIDS incidence and deaths have declined among racial/ethnic minority MSM. Threse declines reflect the beneficial impact of HIV prevention programs, HAART, and opportunistic infection prophylaxis. Young non-Hispanic black and Hispanic MSM remain at high risk for HIV infection as indicated by higher proportions of AIDS and HIV cases among non-Hispanic black and Hispanic MSM aged 13–24 years compared with white MSM.

The disproportionate impact of HIV/AIDS on racial/ethnic minority MSM indicated in this report is probably a minimum estimate. The use of all men aged ≥13 years as a denominator (instead of MSM) results in an underestimate of the rate among MSM. Small numbers of cases among A/PI and AI/AN MSM limit the ability to assess trends, although in some locations A/PI and AI/AN MSM might be at substantial risk. HIV/AIDS surveillance data also may underestimate cases among racial/ethnic minorities because of misclassified race/ethnicity in medical records (*2*). which is greatest among AI/AN, A/PI, and Hispanic groups. States that conduct HIV reporting are not representative of the geographic regions with large Hispanic populations. Race/ethnicity itself is not a risk factor for HIV infection; however, among racial/ethnic minority MSM, social and economic factors, such as homophobia (*3*), high rates of poverty and unemployment, and lack of access to health care, are associated with high rates of HIV risk behavior (*4*). These factors also may be barriers to receiving HIV prevention information or accessing HIV testing, diagnosis, and treatment.

Characteristics of persons in whom HIV infection (without AIDS) is diagnosed reflect more recent trends in the epidemic than do characteristics of persons with AIDS. In states with confidential HIV surveillance, a larger proportion of racial/ethnic minority MSM were young (aged 13–24 years) when first diagnosed with HIV infection (without AIDS) compared with white MSM, suggesting that racial/ethnic minority MSM may become infected at younger ages compared with white MSM. Trends in AIDS incidence and deaths are affected now by HIV incidence and by HAART; pre-HAART diagnoses of AIDS were not as substantially affected by treatment. HIV case reports may reflect targeted testing patterns in at-risk populations or differences in test-seeking behavior. However, the increased proportion of racial/ethnic minority MSM among MSM with AIDS and the trends in HIV infection diagnoses, particularly among non-Hispanic black men, are consistent with data from seroprevalence and incidence studies among MSM (*5,6*), which document the high risk for HIV infection among young racial/ethnic minority MSM. Together with AIDS data, HIV data highlight the extent of the need for prevention and treatment to reduce HIV-related morbidity and mortality in this population.

To reduce infection rates and improve the likelihood of survival, prevention programs for racial/ethnic minority MSM need to focus on both HIV-infected and uninfected populations. Challenges to the design and implementation of HIV prevention programs among racial/ethnic minority MSM include reaching MSM who may not identify themselves as homosexual or bisexual, recognizing the importance of representing racial/ethnic minority MSM in HIV prevention planning, addressing language barriers, and improving access to HIV testing and health care. Within racial/ethnic minority communities, the stigma attached to acknowledging homosexual and bisexual activity may inhibit racial/ethnic minority MSM from identifying themselves as homosexual or bisexual (*7*), and they may be more likely to identify with their

*HIV/AIDS — Continued*

racial/ethnic minority community than with the MSM community (*8*). In a CDC-sponsored study of 8780 MSM with HIV infection or AIDS, 24% of non-Hispanic black MSM, 15% of Hispanic MSM, and 11% of A/PI MSM identified themselves as heterosexual compared with 7% of AI/AN and 6% of non-Hispanic white MSM (CDC, unpublished data, 1999). Racial/ethnic minority community leaders should promote dialogue about issues of sexual orientation to overcome social barriers to HIV prevention for racial/ethnic minority MSM (*3*), especially among young men.

MSM remain a population at high risk for HIV infection, and continued efforts to promote behavioral risk reduction among at-risk youth are needed. Serologic surveys, HIV/AIDS case surveillance, and supplemental research and evaluation studies of racial/ethnic minority MSM and other HIV-infected and at-risk populations are needed to target intervention programs (*9*). In 1999, CDC funded a special program to enhance HIV prevention services for racial/ethnic minority MSM (*10*). CDC and other federal agencies are collaborating to facilitate links between prevention and treatment services for infected and at-risk populations.

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## Hypothermia-Related Deaths — Alaska, October 1998–April 1999, and Trends in the United States, 1979–1996

Hypothermia is defined as an unintentional lowering of the core body temperature to ≤95 F (≤35 C) (*1*). It is a medical emergency with a high fatality rate (*2*). In the United States, hypothermia-related deaths can occur anywhere, including in states with milder climates (e.g., Georgia and North Carolina) where weather systems can cause rapid changes in temperature. However, the highest hypothermia-related death rates

*Hypothermia-Related Deaths — Continued*

in the United States occur in northern states, where winter is characterized by moderate to severe cold temperatures (e.g., Alaska and Montana), and western states, where profound declines in nighttime temperatures may occur at high elevations (e.g., New Mexico). From October 1998 through April 1999, 16 deaths attributed to hypothermia (*International Classification of Diseases, Ninth Revision* [ICD-9], codes E901.0, E901.8, and E901.9; excludes man-made cold [E901.1]*) were reported to the Alaska State Medical Examiner. This report describes selected cases of hypothermia-related deaths in Alaska during October 1998–April 1999; compares age-, sex-, and race-specific rates in Alaska and the rest of the United States during 1979–1996; and summarizes trends for hypothermia-related deaths in the United States during 1979–1996.

**Case Reports**

**Case 1.** In February 1999, a 36-year-old man with a history of binge drinking was found dead between parked cars in the parking area of the local airport. He was last seen alive 18 hours earlier in an extremely intoxicated condition. External examination indicated no evidence of injury or violence except for superficial abrasions on the hands consistent with scraping around in the ice and snow at temperatures of −20 F to −25 F (−29 C to −32 C). The man's postmortem blood alcohol level was 100 mg/dL (the legal blood alcohol limit in Alaska is 100 mg/dL), and his urine alcohol level was 272 mg/dL. An autopsy was not conducted.

**Case 2.** In January 1999, a 36-year-old man from a northern Alaska village was reported missing after he did not return from a hunting trip. Weather conditions were clear and calm with a temperature of approximately −15 F (−26 C) when he left his village; however, late in the afternoon, 40 mph winds lowered chill factors to −80 F (−62 C), and visibility on the tundra decreased to <200 yards. The man was discovered frozen 6 days later in a small freshly dug snow cave adjacent to his disabled snowmobile. He was wearing a heavy down jacket, beaver hat, ski pants, and heavy felt-lined boots over his usual clothing. No alcoholic beverages were present among his effects. External examination indicated no substantial injuries and an autopsy was not conducted.

**Case 3.** In March 1999, a 36-year-old man was found 300 yards from his village residence in rural Alaska approximately 7 hours after having last been seen alive. The body was clad only in a pair of briefs and a shirt. The man suffered from a seizure disorder, and in his postictal state would frequently lose awareness of his surroundings and walk around or outside his residence. He had been taking valproic acid for his condition. Postmortem levels of valproic acid indicated a blood concentration of 53.5 mg/mL (therapeutic range: 50.0–100.0 mg/mL). The unbound valproic acid concentration was 19.6 mg/mL (therapeutic range: 6.0 to 20.0 mg/mL). A blood test was negative for alcohol. Autopsy indicated no evidence of a natural disease process or of substantial trauma.

**Summary of Cases and U.S. Trends**

Of the 16 persons in Alaska whose deaths were attributed to hypothermia, 12 were men. The median age of decedents was 35 years (range: 15–75 years). During 1979–

*These data were obtained from the compressed mortality file (CMF), maintained by CDC's National Center for Health Statistics, and have been prepared according to the external cause-of-death codes from the ICD-9. The CMF contains information from death certificates filed in the 50 states and the District of Columbia.

*Hypothermia-Related Deaths — Continued*

1996, the age-adjusted rate for hypothermia-related deaths in Alaska was 10 times higher than in the rest of the United States (3.0 per 100,000 population versus 0.3). Hypothermia-related deaths also were more likely to occur among men (rate ratio: 2.4 versus 2.0), persons aged <65 years (rate ratio: 0.3 versus 0.2), and non-whites and non-blacks[†] (rate ratio: 11.7 versus 2.0) in Alaska than elsewhere in the United States.

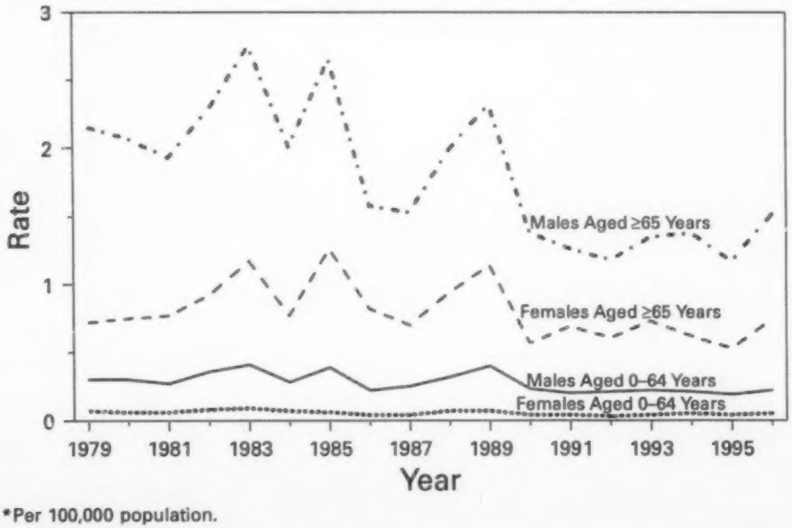
During 1979–1996, hypothermia-related death rates in the United States decreased significantly (p=0.014). In addition, rates decreased among all age and sex groups (Figure 1). Stratification by race indicated that the recent downward trend in hypothermia is strongest among black males aged ≥65 years, a population that has one of the highest hypothermia-related death rates in the United States (1979–1996 rate: 6.7 per 100,000 population).

*Reported by: MT Propst, MD, Anchorage; JP Middaugh, MD, State Epidemiologist, Div of Public Health, Alaska Dept of Health. Health Studies Br, Div of Environmental Hazards and Health Effects, National Center for Environmental Health; and an EIS Officer, CDC.*

**Editorial Note:** The findings in this report indicate that hypothermia-related deaths in the United States have decreased significantly. Possible reasons for the decrease include changes in reporting, improved prevention measures, and/or more moderate winters. Increases in winter temperatures will result in fewer winter-related deaths (*3*).

† Data on race in the CMF were collected only for whites, blacks, and other races.

**FIGURE 1. Rate* of hypothermia-related deaths, by age and sex — United States, 1979–1996**




*Per 100,000 population.

*Hypothermia-Related Deaths — Continued*

Infants, the elderly, persons who are homeless or mentally ill, and persons with serious medical conditions are particularly at risk for hypothermia (*4*), especially if they use drugs that can induce vasodilatation and suppress the shivering response (e.g., sedatives, anxiolytics, phenothiazines, and tricyclic antidepressants) (*5*). Men take more risks than women and are more likely to remain outdoors for long periods (i.e., more men are homeless, hikers, and hunters) (*4*). Race-specific differences may reflect variations in socioeconomic determinants such as access to protective clothing, shelter, or medical care (*6*).

In all three cases in this report, staying outdoors was a major contributing risk factor for hypothermia. Traveling during extremely cold periods, especially when conditions produce high winds, requires careful planning, awareness of travel advisories, and knowledge of survival techniques should a person become stranded (*4*). Specific preventive measures include wearing adequate clothing (particularly headgear), maintaining fluid and caloric intake, avoiding fatigue, refraining from alcohol consumption, ensuring availability of emergency shelter, and avoiding heavy exertion (*4*).

Hypothermia can occur when even moderately low ambient temperatures (e.g., 60 F [15.5 C]) overcome a person's ability to conserve heat (*2*). The onset of hypothermia is often insidious, with early manifestations of exposure including shivering, numbness, fatigue, poor coordination, slurred speech, impaired mentation, blueness or puffiness of the skin, and irrationality (*6*). Early recognition and immediate care can improve the prognosis (*7*). Even if a person appears dead, cardiopulmonary resuscitation should be provided and continued while the person is being warmed, until the person responds, or medical aid becomes available.

In 1997, Mississippi, Missouri, New Mexico, and Wisconsin established surveillance systems for hypothermia (*8*). Public education and outreach programs targeting high-risk populations are essential to reduce the risk for hypothermia-related death.

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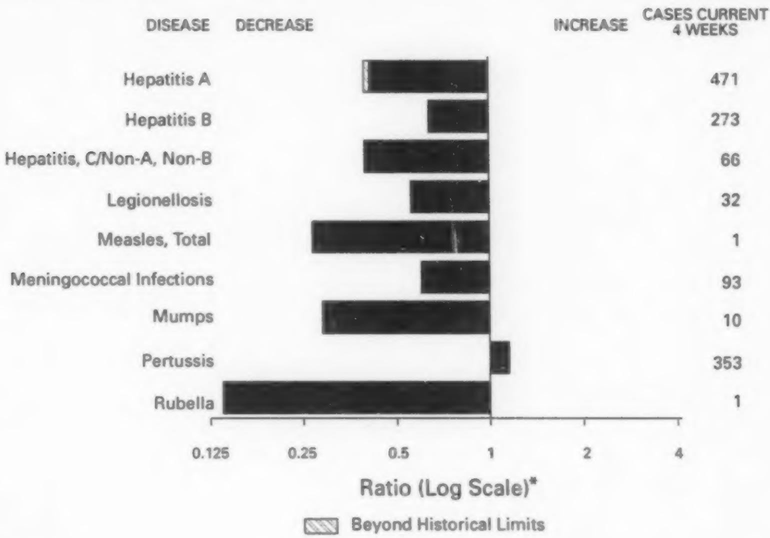
## Erratum: Vol. 48, No. SS-8

In the report, "Surveillance for Morbidity and Mortality Among Older Adults—United States, 1995–1996" in the *MMWR CDC Surveillance Summaries*, "Surveillance for Selected Public Health Indicators Affecting Older Adults—United States," the first footnote (*) in Table 2 on page 13 should read, "Rate per 1000 population; total

*(Continued on page 23)*

**FIGURE I. Selected notifiable disease reports, comparison of provisional 4-week totals ending January 8, 2000, with historical data — United States**




*Ratio of current 4-week total to mean of 15 4-week totals (from previous, comparable, and subsequent 4-week periods for the past 5 years). The point where the hatched area begins is based on the mean and two standard deviations of these 4-week totals.

**TABLE I. Summary — provisional cases of selected notifiable diseases, United States, cumulative, week ending January 8, 2000 (1st Week)**

| | Cum. 2000 | | Cum. 2000 |
|---|---|---|---|
| Anthrax | - | HIV infection, pediatric*§ | - |
| Brucellosis* | - | Plague | - |
| Cholera | - | Poliomyelitis, paralytic | - |
| Congenital rubella syndrome | - | Psittacosis* | - |
| Cyclosporiasis* | - | Rabies, human | - |
| Diphtheria | - | Rocky Mountain spotted fever (RMSF) | 3 |
| Encephalitis: California* | - | Streptococcal disease, invasive Group A | 12 |
| eastern equine* | - | Streptococcal toxic-shock syndrome* | 2 |
| St. Louis* | - | Syphilis, congenital¶ | - |
| western equine* | - | Tetanus | - |
| Ehrlichiosis human granulocytic (HGE)* | - | Toxic-shock syndrome | - |
| human monocytic (HME)* | - | Trichinosis | - |
| Hansen Disease* | - | Typhoid fever | 1 |
| Hantavirus pulmonary syndrome*†. | - | Yellow fever | - |
| Hemolytic uremic syndrome, post-diarrheal* | - | | |

-:no reported cases
*Not notifiable in all states.
† Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases (NCID).
§ Updated monthly from reports to the Division of HIV/AIDS Prevention–Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention (NCHSTP), last update December 26, 1999.
¶ Updated from reports to the Division of STD Prevention, NCHSTP.

## TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending January 8, 2000, and January 9, 1999 (1st Week)

| Reporting Area | AIDS | | Chlamydia§ | | Cryptosporidiosis | | *Escherichia coli* O157:H7* | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | NETSS | | PHLIS | |
| | Cum. 2000† | Cum. 1999 | Cum. 2000 | Cum. 1999 | Cum. 2000 | Cum. 1999 | Cum. 2000 | Cum. 1999 | Cum. 2000 | Cum. 1999 |
| UNITED STATES | - | - | 2,477 | 11,412 | 1 | 16 | 3 | 19 | 1 | 17 |
| NEW ENGLAND | - | - | 212 | 325 | - | - | - | 3 | 1 | 3 |
| Maine | - | - | - | - | - | - | - | - | - | - |
| N.H. | - | - | 11 | 19 | - | - | - | - | 1 | - |
| Vt. | - | - | 8 | 6 | - | - | - | - | - | - |
| Mass. | - | - | 193 | 187 | - | - | - | 3 | - | 2 |
| R.I. | - | - | - | 35 | - | - | - | - | - | - |
| Conn. | - | - | - | 78 | - | - | - | - | - | 1 |
| MID. ATLANTIC | - | - | 16 | 1,415 | - | 5 | - | 1 | - | - |
| Upstate N.Y. | - | - | N | N | - | - | - | 1 | - | - |
| N.Y. City | - | - | - | 838 | - | 4 | - | - | - | - |
| N.J. | - | - | 16 | 156 | - | - | - | - | - | - |
| Pa. | - | - | - | 421 | - | 1 | N | N | - | - |
| E.N. CENTRAL | - | - | 825 | 1,859 | - | 4 | 2 | 9 | - | 4 |
| Ohio | - | - | 90 | 767 | - | 2 | 1 | 9 | - | 2 |
| Ind. | - | - | 100 | 162 | - | - | - | - | - | - |
| Ill. | - | - | 351 | 501 | - | 1 | - | - | - | 1 |
| Mich. | - | - | - | 175 | - | - | 1 | - | - | - |
| Wis. | - | - | 284 | 254 | - | 1 | N | N | - | 1 |
| W.N. CENTRAL | - | - | 92 | 435 | 1 | 1 | 1 | - | - | 2 |
| Minn. | - | - | - | 161 | - | - | - | - | - | 2 |
| Iowa | - | - | 1 | 3 | - | - | - | - | - | - |
| Mo. | - | - | 67 | 201 | 1 | 1 | 1 | - | - | - |
| N. Dak. | - | - | - | 10 | - | - | - | - | - | - |
| S. Dak. | - | - | 24 | 23 | - | - | - | - | - | - |
| Nebr. | - | - | - | 16 | - | - | - | - | - | - |
| Kans. | - | - | - | 21 | - | - | - | - | - | - |
| S. ATLANTIC | - | - | 583 | 2,938 | - | - | - | 3 | - | 1 |
| Del. | - | - | 52 | 55 | - | - | - | - | - | - |
| Md. | - | - | 33 | 251 | - | - | - | 1 | - | - |
| D.C. | - | - | - | N | - | - | - | - | U | U |
| Va. | - | - | 176 | 128 | - | - | - | - | - | - |
| W. Va. | - | - | - | 37 | - | - | - | - | - | - |
| N.C. | - | - | 322 | 364 | - | - | - | 2 | - | 1 |
| S.C. | - | - | - | 958 | - | - | - | - | - | - |
| Ga. | - | - | - | 618 | - | - | U | U | U | U |
| Fla. | - | - | - | 527 | - | - | - | - | - | - |
| E.S. CENTRAL | - | - | 235 | 556 | - | - | - | - | - | - |
| Ky. | - | - | 98 | 28 | - | - | - | - | U | U |
| Tenn. | - | - | - | 92 | - | - | - | - | - | - |
| Ala. | - | - | 137 | 256 | - | - | - | - | - | - |
| Miss. | - | - | - | 180 | - | - | - | - | - | - |
| W.S. CENTRAL | - | - | 156 | 1,544 | - | - | - | - | - | 1 |
| Ark. | - | - | - | 54 | - | - | - | - | - | 1 |
| La. | - | - | - | 381 | - | - | - | - | - | - |
| Okla. | - | - | 156 | 140 | - | - | - | - | - | - |
| Tex. | - | - | - | 969 | - | - | - | - | - | - |
| MOUNTAIN | - | - | 152 | 584 | - | - | - | 2 | - | 3 |
| Mont. | - | - | - | - | - | - | - | - | - | - |
| Idaho | - | - | - | 23 | - | - | - | - | - | - |
| Wyo. | - | - | 12 | 2 | - | - | - | - | - | - |
| Colo. | - | - | 68 | 84 | - | - | - | 1 | - | 1 |
| N. Mex. | - | - | - | 39 | - | - | - | - | - | - |
| Ariz. | - | - | - | 298 | - | - | - | - | - | - |
| Utah | - | - | 72 | 63 | N | N | - | 1 | - | 2 |
| Nev. | - | - | - | 75 | - | - | - | - | - | - |
| PACIFIC | - | - | 206 | 1,756 | - | 6 | - | 1 | - | 3 |
| Wash. | - | - | 188 | 254 | N | N | - | - | - | 2 |
| Oreg. | - | - | - | 72 | - | 1 | - | 1 | - | 1 |
| Calif. | - | - | - | 1,354 | - | 5 | - | - | - | - |
| Alaska | - | - | 18 | 25 | - | - | - | - | - | - |
| Hawaii | - | - | - | 51 | - | - | - | - | - | - |
| Guam | - | - | - | 14 | - | - | N | N | U | U |
| P.R. | - | - | - | U | - | - | - | - | U | U |
| V.I. | - | - | - | U | - | U | - | U | U | U |
| Amer. Samoa | - | - | - | U | - | U | - | U | U | U |
| C.N.M.I. | - | - | - | U | - | U | - | U | U | U |

N: Not notifiable U: Unavailable -: no reported cases C.N.M.I.: Commonwealth of Northern Mariana Islands

*Individual cases may be reported through both the National Electronic Telecommunications System for Surveillance (NETSS) and the Public Health Laboratory Information System (PHLIS).

†Updated monthly from reports to the Division of HIV/AIDS Prevention–Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention, last update December 26, 1999.

§Chlamydia refers to genital infections caused by *C. trachomatis*. Totals reported to the Division of STD Prevention, NCHSTP.

## TABLE II. (Cont'd.) Provisional cases of selected notifiable diseases, United States, weeks ending January 8, 2000, and January 9, 1999 (1st Week)

| Reporting Area | Gonorrhea | | Hepatitis C/NA,NB | | Legionellosis | | Lyme Disease | |
|---|---|---|---|---|---|---|---|---|
| | Cum. 2000 | Cum. 1999 | Cum. 2000 | Cum. 1999 | Cum. 2000 | Cum. 1999 | Cum. 2000 | Cum. 1999 |
| UNITED STATES | 1,525 | 6,894 | 6 | 36 | 3 | 10 | - | 26 |
| NEW ENGLAND | 58 | 130 | - | - | - | - | - | 6 |
| Maine | - | - | - | - | - | - | - | - |
| N.H. | 1 | - | - | - | - | - | - | - |
| Vt. | - | 3 | - | - | - | - | - | - |
| Mass. | 57 | 68 | - | - | - | - | - | 6 |
| R.I. | - | 11 | - | - | - | - | - | - |
| Conn. | - | 48 | - | - | - | - | - | - |
| MID. ATLANTIC | 12 | 874 | - | - | - | 2 | - | 12 |
| Upstate N.Y. | 8 | - | - | - | - | - | - | - |
| N.Y. City | - | 493 | - | - | - | - | - | 3 |
| N.J. | 4 | 145 | - | - | - | 1 | - | 6 |
| Pa. | - | 236 | - | - | - | 1 | - | 3 |
| E.N. CENTRAL | 421 | 1,058 | 4 | 19 | 1 | 7 | - | 3 |
| Ohio | 51 | 325 | - | - | 1 | 2 | - | 3 |
| Ind. | 52 | 95 | - | - | - | - | - | - |
| Ill. | 168 | 405 | - | 1 | - | - | - | - |
| Mich. | - | 81 | 4 | 18 | - | 4 | - | - |
| Wis. | 150 | 152 | - | - | - | 1 | U | U |
| W.N. CENTRAL | 41 | 207 | 1 | 3 | - | - | - | - |
| Minn. | 3 | 69 | - | - | - | - | - | - |
| Iowa | 4 | - | - | - | - | - | - | - |
| Mo. | 31 | 106 | 1 | 3 | - | - | - | - |
| N. Dak. | - | - | - | - | - | - | - | - |
| S. Dak. | 3 | 2 | - | - | - | - | - | - |
| Nebr. | - | 14 | - | - | - | - | - | - |
| Kans. | - | 16 | - | - | - | - | - | - |
| S. ATLANTIC | 626 | 2,381 | - | 3 | 2 | - | - | 4 |
| Del. | 27 | 37 | - | - | - | - | - | - |
| Md. | 30 | 384 | - | 2 | 1 | - | - | 4 |
| D.C. | - | 86 | - | - | - | - | - | - |
| Va. | 212 | 355 | - | - | - | - | - | - |
| W. Va. | - | 16 | - | - | N | N | - | - |
| N.C. | 353 | 348 | - | 1 | 1 | - | - | - |
| S.C. | - | 363 | - | - | - | - | - | - |
| Ga. | 4 | 334 | - | - | - | - | - | - |
| Fla. | - | 458 | - | - | - | - | - | - |
| E.S. CENTRAL | 154 | 574 | - | - | - | - | - | - |
| Ky. | 62 | 32 | - | - | - | - | - | - |
| Tenn. | - | 68 | - | - | - | - | - | - |
| Ala. | 92 | 254 | - | - | - | - | - | - |
| Miss. | - | 220 | - | - | - | - | - | - |
| W.S. CENTRAL | 69 | 1,143 | - | - | - | - | - | - |
| Ark. | - | 60 | - | - | - | - | - | - |
| La. | - | 350 | - | - | - | - | - | - |
| Okla. | 69 | 86 | - | - | - | - | - | - |
| Tex. | - | 647 | - | - | - | - | - | - |
| MOUNTAIN | 111 | 216 | 1 | 5 | - | - | - | - |
| Mont. | - | - | - | - | - | - | - | - |
| Idaho | - | 2 | - | 1 | - | - | - | - |
| Wyo. | 1 | 1 | 1 | 2 | - | - | - | - |
| Colo. | 102 | 45 | - | 1 | - | - | - | - |
| N. Mex. | - | 10 | - | 1 | - | - | - | - |
| Ariz. | - | 122 | - | - | - | - | - | - |
| Utah | 8 | 7 | - | - | - | - | - | - |
| Nev. | - | 29 | - | - | - | - | - | - |
| PACIFIC | 33 | 311 | - | 6 | - | 1 | - | 1 |
| Wash. | 31 | 43 | - | - | - | - | - | - |
| Oreg. | - | 9 | - | - | N | N | - | - |
| Calif. | - | 248 | - | 6 | - | 1 | - | 1 |
| Alaska | 2 | 3 | - | - | - | - | - | - |
| Hawaii | - | 8 | - | - | - | - | N | N |
| Guam | - | 1 | - | - | - | - | - | - |
| P.R. | - | - | - | - | - | - | N | N |
| V.I. | - | U | - | U | - | U | - | U |
| Amer. Samoa | - | U | - | U | - | U | - | U |
| C.N.M.I. | - | U | - | U | - | U | - | U |

N: Not notifiable U: Unavailable -: no reported cases

**TABLE II. (Cont'd.) Provisional cases of selected notifiable diseases, United States, weeks ending January 8, 2000, and January 9, 1999 (1st Week)**

| Reporting Area | Malaria | | Rabies, Animal | | Salmonellosis* | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | | NETSS | | PHLIS | |
| | Cum. 2000 | Cum. 1999 | Cum. 2000 | Cum. 1999 | Cum. 2000 | Cum. 1999 | Cum. 2000 | Cum. 1999 |
| UNITED STATES | 3 | 19 | 30 | 60 | 91 | 301 | 5 | 558 |
| NEW ENGLAND | - | 1 | 1 | 15 | - | 27 | - | 33 |
| Maine | - | - | - | 1 | - | 4 | - | 2 |
| N.H. | - | - | - | - | - | - | - | 1 |
| Vt. | - | - | 1 | 2 | - | 2 | - | 2 |
| Mass. | - | 1 | - | 5 | - | 20 | - | 15 |
| R.I. | - | - | - | 4 | - | - | - | 4 |
| Conn. | - | - | - | 3 | - | 1 | - | 9 |
| MID. ATLANTIC | - | 4 | 11 | 8 | - | 37 | - | 69 |
| Upstate N.Y. | - | 1 | 10 | - | - | 1 | - | 25 |
| N.Y. City | - | 2 | U | U | - | 19 | - | 30 |
| N.J. | - | 1 | 1 | 6 | - | 7 | - | 14 |
| Pa. | - | - | - | 2 | - | 10 | - | - |
| E.N. CENTRAL | 1 | 1 | - | - | 27 | 75 | 3 | 77 |
| Ohio | 1 | - | - | - | 20 | 15 | - | 16 |
| Ind. | - | - | - | - | - | - | - | 3 |
| Ill. | - | 1 | - | - | - | 31 | - | 27 |
| Mich. | - | - | - | - | 7 | 19 | 3 | 22 |
| Wis. | - | - | - | - | - | 10 | - | 9 |
| W.N. CENTRAL | - | - | 2 | 11 | 7 | 9 | 1 | 31 |
| Minn. | - | - | 2 | 1 | - | 2 | - | 11 |
| Iowa | - | - | - | - | - | - | - | 2 |
| Mo. | - | - | - | - | 6 | 3 | 1 | 10 |
| N. Dak. | - | - | - | - | - | - | - | 1 |
| S. Dak. | - | - | - | 8 | - | 1 | - | 2 |
| Nebr. | - | - | - | - | 1 | 3 | - | 2 |
| Kans. | - | - | - | 2 | - | - | - | 3 |
| S. ATLANTIC | 2 | 4 | 14 | 17 | 25 | 34 | 1 | 106 |
| Del. | - | - | - | 1 | 1 | 3 | - | 2 |
| Md. | 2 | 2 | 4 | 6 | 7 | 11 | - | 10 |
| D.C. | - | 2 | - | - | - | 1 | U | U |
| Va. | - | - | 4 | 1 | - | - | - | 17 |
| W. Va. | - | - | - | - | - | - | 1 | - |
| N.C. | - | - | 6 | 5 | 17 | 16 | - | 28 |
| S.C. | - | - | - | - | - | - | - | 11 |
| Ga. | - | - | - | - | - | 1 | - | 29 |
| Fla. | - | - | - | 4 | - | 2 | - | 9 |
| E.S. CENTRAL | - | - | - | - | 14 | 11 | - | 22 |
| Ky. | - | - | - | - | 4 | 6 | U | U |
| Tenn. | - | - | - | - | - | 1 | - | 17 |
| Ala. | - | - | - | - | 6 | 4 | - | 5 |
| Miss. | - | - | - | - | 4 | - | - | - |
| W.S. CENTRAL | - | - | - | - | - | 5 | - | 54 |
| Ark. | - | - | - | - | - | 1 | - | 5 |
| La. | - | - | - | - | - | - | - | 12 |
| Okla. | - | - | - | - | - | - | - | 1 |
| Tex. | - | - | - | - | - | 4 | - | 36 |
| MOUNTAIN | - | 1 | 2 | 3 | 18 | 17 | - | 42 |
| Mont. | - | - | 1 | - | - | 1 | - | - |
| Idaho | - | - | - | - | 1 | - | - | 2 |
| Wyo. | - | - | 1 | 1 | 1 | - | - | 1 |
| Colo. | - | - | - | - | - | 7 | - | 7 |
| N. Mex. | - | - | - | - | 2 | 1 | - | 7 |
| Ariz. | - | 1 | - | 2 | - | - | - | 19 |
| Utah | - | - | - | - | 14 | 2 | - | 3 |
| Nev. | - | - | - | - | - | 6 | - | 3 |
| PACIFIC | - | 8 | - | 6 | - | 86 | - | 124 |
| Wash. | - | - | - | - | - | - | - | 9 |
| Oreg. | - | - | - | - | - | 4 | - | 11 |
| Calif. | - | 8 | - | 6 | - | 69 | - | 90 |
| Alaska | - | - | - | - | - | 1 | - | 2 |
| Hawaii | - | - | - | - | - | 12 | - | 12 |
| Guam | - | - | - | - | - | 2 | U | U |
| P.R. | - | - | - | 1 | - | 2 | U | U |
| V.I. | - | U | - | U | - | U | U | U |
| Amer. Samoa | - | U | - | U | - | U | U | U |
| C.N.M.I. | - | U | - | U | - | U | U | U |

N: Not notifiable U: Unavailable -: no reported cases

*Individual cases may be reported through both the National Electronic Telecommunications System for Surveillance (NETSS) and the Public Health Laboratory Information System (PHLIS).

**TABLE II. (Cont'd.) Provisional cases of selected notifiable diseases, United States, weeks ending January 8, 2000, and January 9, 1999 (1st Week)**

| Reporting Area | Shigellosis* | | | | Syphilis (Primary & Secondary) | | Tuberculosis | |
|---|---|---|---|---|---|---|---|---|
| | NETSS | | PHLIS | | | | | |
| | Cum. 2000 | Cum. 1999 | Cum. 2000 | Cum. 1999 | Cum. 2000 | Cum. 1999 | Cum. 2000 | Cum. 1999† |
| UNITED STATES | 39 | 163 | 1 | 174 | 30 | 119 | 4 | 146 |
| NEW ENGLAND | - | 3 | - | 2 | 1 | 2 | - | 2 |
| Maine | - | - | - | - | - | - | - | - |
| N.H. | - | - | - | - | - | - | - | - |
| Vt. | - | - | - | - | - | - | - | - |
| Mass. | - | 3 | - | 2 | 1 | 1 | - | - |
| R.I. | - | - | - | - | - | - | - | - |
| Conn. | - | - | - | - | - | 1 | - | 2 |
| MID. ATLANTIC | - | 10 | - | 18 | - | 3 | - | - |
| Upstate N.Y. | - | 1 | - | 4 | - | - | - | - |
| N.Y. City | - | 3 | - | 9 | - | 3 | - | - |
| N.J. | - | 5 | - | 5 | - | - | - | - |
| Pa. | - | 1 | - | - | - | - | - | - |
| E.N. CENTRAL | 24 | 50 | - | 28 | 10 | 15 | - | 18 |
| Ohio | 6 | 13 | - | 5 | - | 3 | - | 10 |
| Ind. | 2 | - | - | - | 4 | 2 | - | 2 |
| Ill. | - | 25 | - | 20 | 6 | 7 | - | 6 |
| Mich. | 16 | 6 | - | - | - | - | - | - |
| Wis. | - | 6 | - | 3 | - | 3 | - | - |
| W.N. CENTRAL | 6 | 8 | - | 14 | - | 3 | - | - |
| Minn. | - | - | - | 4 | - | - | - | - |
| Iowa | 2 | - | - | - | - | - | - | - |
| Mo. | 4 | 5 | - | 7 | - | 3 | - | - |
| N. Dak. | - | - | - | - | - | - | - | - |
| S. Dak. | - | - | - | - | - | - | - | - |
| Nebr. | - | 3 | - | 2 | - | - | - | - |
| Kans. | - | - | - | 1 | - | - | - | - |
| S. ATLANTIC | 1 | 12 | - | 11 | 17 | 49 | - | 4 |
| Del. | - | - | - | - | - | - | - | 2 |
| Md. | - | 3 | - | - | 3 | 2 | - | - |
| D.C. | - | 1 | U | U | - | 5 | - | - |
| Va. | - | - | - | - | 9 | 2 | - | - |
| W. Va. | - | - | - | - | - | - | - | 1 |
| N.C. | 1 | 2 | - | 4 | 5 | 13 | - | - |
| S.C. | - | - | - | - | - | - | - | - |
| Ga. | - | - | - | - | - | 18 | - | - |
| Fla. | - | 6 | - | 7 | - | 9 | - | 1 |
| E.S. CENTRAL | 5 | 4 | 1 | 19 | - | 23 | 2 | 7 |
| Ky. | - | 2 | U | U | - | 2 | - | 1 |
| Tenn. | - | 1 | 1 | 16 | - | 13 | - | - |
| Ala. | 1 | 1 | - | 3 | - | 7 | 2 | 6 |
| Miss. | 4 | - | - | - | - | 1 | - | - |
| W.S. CENTRAL | - | 8 | - | 62 | 2 | 18 | - | 37 |
| Ark. | - | 1 | - | 1 | - | 1 | - | - |
| La. | - | - | - | 3 | - | 3 | - | U |
| Okla. | - | - | - | - | 2 | 4 | - | - |
| Tex. | - | 7 | - | 58 | - | 10 | - | 37 |
| MOUNTAIN | 3 | 5 | - | 10 | - | - | - | 1 |
| Mont. | - | - | - | - | - | - | - | - |
| Idaho | 1 | 1 | - | - | - | - | - | - |
| Wyo. | - | - | - | - | - | - | - | - |
| Colo. | - | 1 | - | 2 | - | - | - | U |
| N. Mex. | 2 | 2 | - | 1 | - | - | - | - |
| Ariz. | - | - | - | 5 | - | - | - | - |
| Utah | - | 1 | - | 2 | - | - | - | - |
| Nev. | - | - | - | - | - | - | - | 1 |
| PACIFIC | - | 63 | - | 10 | - | 6 | 2 | 77 |
| Wash. | - | - | - | 6 | - | - | 2 | - |
| Oreg. | - | - | - | - | - | 1 | - | 1 |
| Calif. | - | 59 | - | - | - | 5 | - | 71 |
| Alaska | - | - | - | - | - | - | - | 1 |
| Hawaii | - | 4 | - | 4 | - | - | - | 4 |
| Guam | - | 1 | U | U | - | - | - | - |
| P.R. | - | - | U | U | - | 3 | - | - |
| V.I. | - | U | U | U | - | U | - | U |
| Amer. Samoa | - | U | U | U | - | U | - | U |
| C.N.M.I. | - | U | U | U | - | U | - | U |

N: Not notifiable U: Unavailable -: no reported cases

*Individual cases may be reported through both the National Electronic Telecommunications System for Surveillance (NETSS) and the Public Health Laboratory Information System (PHLIS).

†Cumulative reports of provisional tuberculosis cases for 1999 are unavailable ("U") for some areas using the Tuberculosis Information System (TIMS).

# TABLE III. Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending January 8, 2000, and January 9, 1999 (1st Week)

| Reporting Area | *H. influenzae,* invasive | | Hepatitis (Viral), by type | | | | Measles (Rubeola) | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | A | | B | | Indigenous | | Imported* | | Total | |
| | Cum. 2000† | Cum. 1999 | Cum. 2000 | Cum. 1999 | Cum. 2000 | Cum. 1999 | 2000 | Cum. 2000 | 2000 | Cum. 2000 | Cum. 2000 | Cum. 1999 |
| UNITED STATES | 6 | 23 | 38 | 250 | 28 | 83 | - | - | - | - | - | - |
| NEW ENGLAND | - | - | - | 6 | - | 4 | - | - | - | - | - | - |
| Maine | - | - | - | 1 | - | - | - | - | - | - | - | - |
| N.H. | - | - | - | - | - | - | - | - | - | - | - | - |
| Vt. | - | - | - | - | - | - | - | - | - | - | - | - |
| Mass. | - | - | - | 4 | - | - | - | - | - | - | - | - |
| R.I. | - | - | - | - | - | - | - | - | - | - | - | - |
| Conn. | - | - | - | 1 | - | 4 | - | - | - | - | - | - |
| MID. ATLANTIC | 1 | 2 | 1 | 13 | - | 11 | - | - | - | - | - | - |
| Upstate N.Y. | 1 | - | - | 1 | - | - | - | - | - | - | - | - |
| N.Y. City | - | 2 | 1 | 8 | - | 3 | - | - | - | - | - | - |
| N.J. | - | - | - | 4 | - | 2 | - | - | - | - | - | - |
| Pa. | - | - | - | - | - | 6 | - | - | - | - | - | - |
| E.N. CENTRAL | 2 | 6 | 18 | 84 | 8 | 9 | - | - | - | - | - | - |
| Ohio | 2 | 2 | 10 | 10 | 2 | 4 | - | - | - | - | - | - |
| Ind. | - | - | - | - | - | - | - | - | - | - | - | - |
| Ill. | - | 4 | - | 23 | - | - | - | - | - | - | - | - |
| Mich. | - | - | 8 | 51 | 6 | 3 | - | - | - | - | - | - |
| Wis. | - | - | - | - | - | 2 | - | - | - | - | - | - |
| W.N. CENTRAL | - | - | 12 | 15 | 4 | 7 | - | - | - | - | - | - |
| Minn. | - | - | - | - | - | - | - | - | - | - | - | - |
| Iowa | - | - | - | - | - | - | - | - | - | - | - | - |
| Mo. | - | - | 12 | 15 | 4 | 4 | - | - | - | - | - | - |
| N. Dak. | - | - | - | - | - | - | U | - | U | - | - | - |
| S. Dak. | - | - | - | - | - | - | - | - | - | - | - | - |
| Nebr. | - | - | - | - | - | 3 | - | - | - | - | - | - |
| Kans. | - | - | - | - | - | - | - | - | - | - | - | - |
| S. ATLANTIC | 2 | 8 | 3 | 18 | 14 | 20 | - | - | - | - | - | - |
| Del. | - | - | - | - | - | - | - | - | - | - | - | - |
| Md. | 2 | 8 | 3 | 9 | 3 | 4 | - | - | - | - | - | - |
| D.C. | - | - | - | 2 | - | - | - | - | - | - | - | - |
| Va. | - | - | - | - | - | - | - | - | - | - | - | - |
| W. Va. | - | - | - | - | - | - | - | - | - | - | - | - |
| N.C. | - | - | - | - | 11 | 16 | - | - | - | - | - | - |
| S.C. | - | - | - | - | - | - | - | - | - | - | - | - |
| Ga. | - | - | - | 7 | - | - | - | - | - | - | - | - |
| Fla. | - | - | - | - | - | - | - | - | - | - | - | - |
| E.S. CENTRAL | - | - | 2 | 2 | - | 2 | - | - | - | - | - | - |
| Ky. | - | - | - | - | - | - | - | - | - | - | - | - |
| Tenn. | - | - | - | - | - | 1 | - | - | - | - | - | - |
| Ala. | - | - | 1 | 1 | - | 1 | - | - | - | - | - | - |
| Miss. | - | - | 1 | 1 | - | - | - | - | - | - | - | - |
| W.S. CENTRAL | - | 2 | - | 10 | - | 1 | - | - | - | - | - | - |
| Ark. | - | - | - | - | - | 1 | - | - | - | - | - | - |
| La. | - | - | - | - | - | - | - | - | - | - | - | - |
| Okla. | - | 1 | - | 2 | - | - | - | - | - | - | - | - |
| Tex. | - | 1 | - | 8 | - | - | - | - | - | - | - | - |
| MOUNTAIN | 1 | 1 | 2 | 21 | - | 7 | - | - | - | - | - | - |
| Mont. | - | - | - | - | - | - | - | - | - | - | - | - |
| Idaho | - | - | - | - | - | 3 | - | - | - | - | - | - |
| Wyo. | - | 1 | - | - | - | - | - | - | - | - | - | - |
| Colo. | - | - | - | 9 | - | 1 | - | - | - | - | - | - |
| N. Mex. | - | - | - | 2 | - | - | - | - | - | - | - | - |
| Ariz. | - | - | - | 7 | - | - | U | - | U | - | - | - |
| Utah | 1 | - | 2 | - | - | - | - | - | - | - | - | - |
| Nev. | - | - | - | 3 | - | 3 | U | - | U | - | - | - |
| PACIFIC | - | 4 | - | 81 | - | 22 | - | - | - | - | - | - |
| Wash. | - | - | - | - | - | - | - | - | - | - | - | - |
| Oreg. | - | 1 | - | - | - | 1 | U | - | U | - | - | - |
| Calif. | - | 2 | - | 81 | - | 20 | - | - | - | - | - | - |
| Alaska | - | 1 | - | - | - | 1 | - | - | - | - | - | - |
| Hawaii | - | - | - | - | - | - | U | - | U | - | - | - |
| Guam | - | - | - | - | - | - | U | - | U | - | - | - |
| P.R. | - | - | - | - | - | - | U | - | U | - | - | - |
| V.I. | - | U | - | U | - | U | U | - | U | - | - | U |
| Amer. Samoa | - | U | - | U | - | U | U | - | U | - | - | U |
| C.N.M.I. | - | U | - | U | - | U | U | - | U | - | - | U |

N: Not notifiable U: Unavailable -: no reported cases

*For imported measles, cases include only those resulting from importation from other countries.

†Of 1 case among children aged <5 years, serotype was reported for 0.

**TABLE III. (Cont'd.) Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending January 8, 2000, and January 9, 1999 (1st Week)**

| Reporting Area | Meningococcal Disease | | Mumps | | | Pertussis | | | Rubella | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Cum. 2000 | Cum. 1999 | 2000 | Cum. 2000 | Cum. 1999 | 2000 | Cum. 2000 | Cum. 1999 | 2000 | Cum. 2000 | Cum. 1999 |
| UNITED STATES | 15 | 35 | - | - | 4 | 8 | 8 | 73 | - | - | - |
| NEW ENGLAND | - | 5 | - | - | 1 | - | - | 13 | - | - | - |
| Maine | - | 2 | - | - | - | - | - | - | - | - | - |
| N.H. | - | - | - | - | - | - | - | - | - | - | - |
| Vt. | - | - | - | - | - | - | - | 1 | - | - | - |
| Mass. | - | 3 | - | - | 1 | - | - | 12 | - | - | - |
| R.I. | - | - | - | - | - | - | - | - | - | - | - |
| Conn. | - | - | - | - | - | - | - | - | - | - | - |
| MID. ATLANTIC | 1 | 2 | - | - | - | - | - | 1 | - | - | - |
| Upstate N.Y. | - | - | - | - | - | - | - | - | - | - | - |
| N.Y. City | - | 1 | - | - | - | - | - | - | - | - | - |
| N.J. | 1 | - | - | - | - | - | - | 1 | - | - | - |
| Pa. | - | 1 | - | - | - | - | - | - | - | - | - |
| E.N. CENTRAL | 2 | 9 | - | - | - | - | - | 18 | - | - | - |
| Ohio | 1 | 4 | - | - | - | - | - | 17 | - | - | - |
| Ind. | - | - | - | - | - | - | - | - | - | - | - |
| Ill. | - | 4 | - | - | - | - | - | - | - | - | - |
| Mich. | 1 | 1 | - | - | - | - | - | 1 | - | - | - |
| Wis. | - | - | - | - | - | - | - | - | - | - | - |
| W.N. CENTRAL | 8 | 3 | - | - | - | - | - | - | - | - | - |
| Minn. | - | - | - | - | - | - | - | - | - | - | - |
| Iowa | - | - | - | - | - | - | - | - | - | - | - |
| Mo. | 8 | 3 | - | - | - | - | - | - | - | - | - |
| N. Dak. | - | - | U | - | - | U | - | - | U | - | - |
| S. Dak. | - | - | - | - | - | - | - | - | - | - | - |
| Nebr. | - | - | - | - | - | - | - | - | - | - | - |
| Kans. | - | - | - | - | - | - | - | - | - | - | - |
| S. ATLANTIC | 3 | 5 | - | - | - | 3 | 3 | 3 | - | - | - |
| Del. | - | - | - | - | - | - | - | - | - | - | - |
| Md. | 2 | 3 | - | - | - | - | - | 3 | - | - | - |
| D.C. | - | - | - | - | - | - | - | - | - | - | - |
| Va. | - | - | - | - | - | - | - | - | - | - | - |
| W. Va. | - | - | - | - | - | - | - | - | - | - | - |
| N.C. | 1 | 1 | - | - | - | 3 | 3 | - | - | - | - |
| S.C. | - | 1 | - | - | - | - | - | - | - | - | - |
| Ga. | - | - | - | - | - | - | - | - | - | - | - |
| Fla. | - | - | - | - | - | - | - | - | - | - | - |
| E.S. CENTRAL | - | 1 | - | - | - | - | - | 3 | - | - | - |
| Ky. | - | - | - | - | - | - | - | - | - | - | - |
| Tenn. | - | - | - | - | - | - | - | - | - | - | - |
| Ala. | - | 1 | - | - | - | - | - | 3 | - | - | - |
| Miss. | - | - | - | - | - | - | - | - | - | - | - |
| W.S. CENTRAL | - | - | - | - | - | - | - | - | - | - | - |
| Ark. | - | - | - | - | - | - | - | - | - | - | - |
| La. | - | - | - | - | - | - | - | - | - | - | - |
| Okla. | - | - | - | - | - | - | - | - | - | - | - |
| Tex. | - | - | - | - | - | - | - | - | - | - | - |
| MOUNTAIN | 1 | 5 | - | - | - | 5 | 5 | 22 | - | - | - |
| Mont. | - | - | - | - | - | - | - | - | - | - | - |
| Idaho | 1 | 1 | - | - | - | - | - | 9 | - | - | - |
| Wyo. | - | - | - | - | - | - | - | - | - | - | - |
| Colo. | - | 1 | - | - | - | - | - | 3 | - | - | - |
| N. Mex. | - | 1 | N | N | N | 3 | 3 | 2 | - | - | - |
| Ariz. | - | 1 | U | - | - | U | - | 1 | U | - | - |
| Utah | - | - | - | - | - | 2 | 2 | 6 | - | - | - |
| Nev. | - | 1 | U | - | - | U | - | 1 | U | - | - |
| PACIFIC | - | 5 | - | - | 3 | - | - | 13 | - | - | - |
| Wash. | - | - | - | - | - | - | - | - | - | - | - |
| Oreg. | - | 3 | N | N | N | U | - | - | U | - | - |
| Calif. | - | 1 | - | - | 1 | - | - | 13 | - | - | - |
| Alaska | - | 1 | - | - | - | - | - | - | - | - | - |
| Hawaii | - | - | U | - | 2 | U | - | - | U | - | - |
| Guam | - | - | U | - | - | U | - | - | U | - | - |
| P.R. | - | - | U | - | - | U | - | - | U | - | - |
| V.I. | - | U | U | - | U | U | - | U | U | - | U |
| Amer. Samoa | - | U | U | - | U | U | - | U | U | - | U |
| C.N.M.I. | - | U | U | - | U | U | - | U | U | - | U |

N: Not notifiable U: Unavailable -: no reported cases

## TABLE IV. Deaths in 122 U.S. cities,* week ending January 8, 2000 (1st Week)

| Reporting Area | All Causes, By Age (Years) | | | | | | P&I† Total |
|---|---|---|---|---|---|---|---|
| | All Ages | ≥65 | 45-64 | 25-44 | 1-24 | <1 | |
| NEW ENGLAND | 705 | 520 | 127 | 39 | 11 | 8 | 76 |
| Boston, Mass. | 190 | 118 | 45 | 17 | 7 | 3 | 13 |
| Bridgeport, Conn. | 26 | 17 | 5 | 3 | - | 1 | 2 |
| Cambridge, Mass. | 23 | 18 | 5 | - | - | - | 2 |
| Fall River, Mass. | 23 | 19 | 4 | - | - | - | 2 |
| Hartford, Conn. | U | U | U | U | U | U | U |
| Lowell, Mass. | 28 | 19 | 5 | 4 | - | - | 4 |
| Lynn, Mass. | 11 | 10 | - | 1 | - | - | 2 |
| New Bedford, Mass. | 47 | 38 | 8 | - | - | 1 | 5 |
| New Haven, Conn. | 47 | 33 | 9 | 3 | 1 | 1 | 5 |
| Providence, R.I. | 83 | 67 | 12 | 2 | - | 2 | 5 |
| Somerville, Mass. | 7 | 4 | 1 | 1 | 1 | - | - |
| Springfield, Mass. | 63 | 53 | 6 | 3 | 1 | - | 15 |
| Waterbury, Conn. | 47 | 40 | 5 | 2 | - | - | 5 |
| Worcester, Mass. | 110 | 84 | 22 | 3 | 1 | - | 16 |
| MID. ATLANTIC | 2,992 | 2,172 | 525 | 199 | 48 | 48 | 157 |
| Albany, N.Y. | 65 | 48 | 12 | 1 | 3 | 1 | 5 |
| Allentown, Pa. | U | U | U | U | U | U | U |
| Buffalo, N.Y. | 145 | 105 | 25 | 11 | 2 | 2 | 15 |
| Camden, N.J. | 50 | 32 | 10 | 4 | - | 4 | 1 |
| Elizabeth, N.J. | 36 | 24 | 7 | 4 | 1 | - | - |
| Erie, Pa. | 69 | 58 | 8 | 1 | 2 | - | 7 |
| Jersey City, N.J. | 89 | 64 | 21 | 2 | 1 | 1 | - |
| New York City, N.Y. | 1,791 | 1,277 | 333 | 132 | 26 | 23 | 59 |
| Newark, N.J. | 31 | 10 | 11 | 7 | 2 | 1 | - |
| Paterson, N.J. | 30 | 19 | 5 | 3 | - | 3 | 2 |
| Philadelphia, Pa. | 193 | 141 | 31 | 13 | 2 | 6 | 7 |
| Pittsburgh, Pa.§ | 115 | 90 | 17 | 5 | - | 3 | 10 |
| Reading, Pa. | 37 | 30 | 3 | 1 | 3 | - | 4 |
| Rochester, N.Y. | 153 | 123 | 20 | 5 | 2 | 3 | 25 |
| Schenectady, N.Y. | 24 | 20 | 3 | - | 1 | - | 1 |
| Scranton, Pa. | 37 | 31 | 4 | 2 | - | - | 5 |
| Syracuse, N.Y. | 91 | 70 | 11 | 6 | 3 | 1 | 12 |
| Trenton, N.J. | 21 | 18 | 1 | 2 | - | - | 4 |
| Utica, N.Y. | 15 | 12 | 3 | - | - | - | - |
| Yonkers, N.Y. | U | U | U | U | U | U | U |
| E.N. CENTRAL | 2,586 | 1,820 | 474 | 175 | 50 | 66 | 241 |
| Akron, Ohio | 88 | 66 | 11 | 7 | 3 | 1 | 17 |
| Canton, Ohio | 59 | 48 | 8 | 3 | - | - | 3 |
| Chicago, Ill. | 292 | 168 | 70 | 35 | 8 | 10 | 26 |
| Cincinnati, Ohio | 132 | 98 | 19 | 8 | 2 | 5 | 23 |
| Cleveland, Ohio | 164 | 108 | 40 | 9 | 2 | 5 | 7 |
| Columbus, Ohio | 269 | 176 | 56 | 21 | 11 | 5 | 25 |
| Dayton, Ohio | 131 | 108 | 16 | 5 | 1 | 1 | 8 |
| Detroit, Mich. | 328 | 201 | 75 | 31 | 10 | 11 | 25 |
| Evansville, Ind. | 66 | 53 | 9 | 3 | - | 1 | 5 |
| Fort Wayne, Ind. | 65 | 48 | 10 | 6 | - | 1 | 3 |
| Gary, Ind. | 29 | 13 | 10 | 4 | 1 | 1 | 4 |
| Grand Rapids, Mich. | 78 | 53 | 15 | 3 | 1 | 6 | 12 |
| Indianapolis, Ind. | 212 | 164 | 29 | 7 | 4 | 8 | 18 |
| Lansing, Mich. | 59 | 44 | 12 | 3 | - | - | 4 |
| Milwaukee, Wis. | 181 | 144 | 29 | 3 | 1 | 4 | 18 |
| Peoria, Ill. | 80 | 56 | 16 | 4 | 2 | 2 | 11 |
| Rockford, Ill. | 84 | 66 | 12 | 4 | - | 2 | 13 |
| South Bend, Ind. | 69 | 51 | 9 | 7 | 2 | - | 5 |
| Toledo, Ohio | 101 | 72 | 20 | 5 | 2 | 2 | 10 |
| Youngstown, Ohio | 99 | 83 | 8 | 7 | - | 1 | 4 |
| W.N. CENTRAL | 874 | 622 | 150 | 66 | 18 | 18 | 108 |
| Des Moines, Iowa | 54 | 45 | 4 | 3 | 1 | 1 | 6 |
| Duluth, Minn. | 28 | 25 | 3 | - | - | - | 9 |
| Kansas City, Kans. | 51 | 27 | 15 | 5 | 3 | 1 | 8 |
| Kansas City, Mo. | 87 | 58 | 17 | 9 | 1 | 2 | 3 |
| Lincoln, Nebr. | 46 | 36 | 5 | 4 | 1 | - | 6 |
| Minneapolis, Minn. | 250 | 189 | 35 | 16 | 4 | 6 | 29 |
| Omaha, Nebr. | 74 | 55 | 13 | 4 | - | 2 | 9 |
| St. Louis, Mo. | 23 | 15 | 5 | - | 3 | - | - |
| St. Paul, Minn. | 110 | 84 | 18 | 4 | 1 | 3 | 21 |
| Wichita, Kans. | 151 | 88 | 35 | 21 | 4 | 3 | 17 |

| Reporting Area | All Causes, By Age (Years) | | | | | | P&I† Total |
|---|---|---|---|---|---|---|---|
| | All Ages | ≥65 | 45-64 | 25-44 | 1-24 | <1 | |
| S. ATLANTIC | 1,029 | 646 | 223 | 89 | 21 | 43 | 85 |
| Atlanta, Ga. | U | U | U | U | U | U | U |
| Baltimore, Md. | 118 | 67 | 31 | 14 | 2 | 4 | 9 |
| Charlotte, N.C. | 143 | 96 | 33 | 11 | 2 | 1 | 15 |
| Jacksonville, Fla. | 185 | 141 | 32 | 8 | 2 | 2 | 17 |
| Miami, Fla. | 88 | 54 | 25 | 3 | 2 | 4 | 12 |
| Norfolk, Va. | 50 | 28 | 13 | 4 | 3 | 2 | 5 |
| Richmond, Va. | 61 | 35 | 12 | 6 | 5 | 3 | 4 |
| Savannah, Ga. | U | U | U | U | U | U | U |
| St. Petersburg, Fla. | 88 | 61 | 14 | 6 | 3 | 4 | 7 |
| Tampa, Fla. | 179 | 126 | 35 | 16 | 1 | 1 | 14 |
| Washington, D.C. | 91 | 26 | 23 | 12 | 1 | 22 | 2 |
| Wilmington, Del. | 26 | 12 | 5 | 9 | - | - | - |
| E.S. CENTRAL | 723 | 523 | 109 | 48 | 22 | 20 | 61 |
| Birmingham, Ala. | 164 | 129 | 15 | 11 | 5 | 3 | 18 |
| Chattanooga, Tenn. | 54 | 37 | 11 | 2 | 3 | 1 | 3 |
| Knoxville, Tenn. | 65 | 51 | 8 | 3 | 1 | 2 | 7 |
| Lexington, Ky. | 40 | 27 | 4 | 5 | - | 4 | 1 |
| Memphis, Tenn. | 127 | 87 | 23 | 10 | 4 | 3 | 4 |
| Mobile, Ala. | 45 | 36 | 7 | 1 | - | 1 | 2 |
| Montgomery, Ala. | 58 | 45 | 8 | 3 | 2 | - | 9 |
| Nashville, Tenn. | 170 | 111 | 33 | 13 | 7 | 6 | 17 |
| W.S. CENTRAL | 1,616 | 1,065 | 352 | 111 | 46 | 42 | 134 |
| Austin, Tex. | 123 | 85 | 21 | 12 | 2 | 3 | 12 |
| Baton Rouge, La. | U | U | U | U | U | U | U |
| Corpus Christi, Tex. | 63 | 38 | 19 | 3 | - | 3 | 8 |
| Dallas, Tex. | 260 | 147 | 62 | 20 | 17 | 14 | 11 |
| El Paso, Tex. | 120 | 95 | 15 | 5 | 2 | 3 | 5 |
| Ft. Worth, Tex. | 162 | 109 | 35 | 11 | 2 | 5 | 21 |
| Houston, Tex. | 350 | 224 | 85 | 25 | 11 | 5 | 19 |
| Little Rock, Ark. | 62 | 34 | 20 | 6 | 2 | - | 6 |
| New Orleans, La. | 60 | 37 | 14 | 4 | 3 | 2 | 7 |
| San Antonio, Tex. | 220 | 158 | 42 | 13 | 4 | 3 | 30 |
| Shreveport, La. | 60 | 43 | 11 | 3 | 2 | 1 | 4 |
| Tulsa, Okla. | 136 | 95 | 28 | 9 | 1 | 3 | 11 |
| MOUNTAIN | 1,179 | 829 | 223 | 78 | 25 | 23 | 139 |
| Albuquerque, N.M. | 154 | 100 | 32 | 18 | 4 | - | 20 |
| Boise, Idaho | 67 | 45 | 10 | 4 | 2 | 6 | 11 |
| Colo. Springs, Colo. | 51 | 35 | 11 | 4 | - | 1 | 3 |
| Denver, Colo. | 112 | 81 | 19 | 8 | 1 | 2 | 18 |
| Las Vegas, Nev. | 221 | 164 | 44 | 9 | 1 | 3 | 16 |
| Ogden, Utah | 30 | 24 | 4 | - | 1 | 1 | 6 |
| Phoenix, Ariz. | 238 | 154 | 50 | 17 | 11 | 6 | 22 |
| Pueblo, Colo. | 40 | 32 | 6 | 2 | - | - | 5 |
| Salt Lake City, Utah | 118 | 78 | 27 | 7 | 2 | 4 | 22 |
| Tucson, Ariz. | 148 | 116 | 20 | 9 | 3 | - | 16 |
| PACIFIC | 1,900 | 1,420 | 293 | 118 | 45 | 23 | 262 |
| Berkeley, Calif. | 28 | 20 | 3 | 5 | - | - | 4 |
| Fresno, Calif. | 239 | 170 | 44 | 12 | 12 | 1 | 50 |
| Glendale, Calif. | 20 | 13 | 2 | 5 | - | - | - |
| Honolulu, Hawaii | 104 | 84 | 15 | 3 | 1 | 1 | 10 |
| Long Beach, Calif. | 131 | 104 | 13 | 6 | 3 | 5 | 33 |
| Los Angeles, Calif. | 302 | 204 | 52 | 32 | 8 | 6 | 23 |
| Pasadena, Calif. | 47 | 42 | 3 | 1 | 1 | - | 7 |
| Portland, Oreg. | 137 | 103 | 22 | 9 | - | 2 | 9 |
| Sacramento, Calif. | U | U | U | U | U | U | U |
| San Diego, Calif. | 239 | 188 | 27 | 18 | 6 | - | 41 |
| San Francisco, Calif. | U | U | U | U | U | U | U |
| San Jose, Calif. | 235 | 182 | 35 | 7 | 6 | 5 | 41 |
| Santa Cruz, Calif. | 49 | 38 | 10 | 1 | - | - | 7 |
| Seattle, Wash. | 120 | 74 | 31 | 9 | 4 | 2 | 16 |
| Spokane, Wash. | 93 | 74 | 14 | 1 | 3 | 1 | 8 |
| Tacoma, Wash. | 156 | 124 | 22 | 9 | 1 | - | 13 |
| TOTAL | 13,604¶ | 9,617 | 2,476 | 923 | 286 | 291 | 1,263 |

U: Unavailable -: no reported cases

*Mortality data in this table are voluntarily reported from 122 cities in the United States, most of which have populations of 100,000 or more. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are not included.

†Pneumonia and influenza.

§Because of changes in reporting methods in this Pennsylvania city, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks.

¶Total includes unknown ages.

*Errata — Continued*

number of hospital discharges (in thousands) for adults aged ≥65 years are in parentheses."

## Erratum: Vol. 48, No. 43

In the public health achievements report, "Tobacco Use—United States, 1900–1999," the last sentence of the first paragraph on page 989 should read "Total consumption of large cigars decreased from 8 billion in 1970 to 2 billion in 1993 but increased 68% to 3.6 billion in 1997 (*13*)."

## Erratum: Vol. 48, No. 50

In the public health achievements report, "Changes in the Public Health System," the date the Conference (now Council) of State and Territorial Epidemiologists (CSTE) was granted authority to determine what diseases should be reported by states to the Public Health Service was 1951, not 1950 as incorrectly published in the first paragraph on page 1143.

## Erratum: Vol. 48, Nos. 51 & 52

In the printed copy and .pdf file of Table 1 of "Abortion Surveillance: Preliminary Analysis—United States, 1997," on pages 1172–3, in the column of data for 1997, "Weeks' gestation," the incorrect numbers of 8.1 and 9.6 for 7 and 8 weeks, respectively, appear. The correct numbers are 18.1 and 19.6, respectively. In the .htm file of Table 1, the ¶¶ footnote incorrectly stated that the number of reported abortions performed as medical (nonsurgical) was 2983. The correct number is 2988 abortions.

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